ARTHROCARE CORPORATION 595 N. Pastoria Avenue Sunnyvale, CA 94085-2936 (408) 736-0224 Customer No. 21394



BOX PATENT APPLICATION ASSISTANT COMMISSIONER FOR PATENTS Washington, D. C. 20231

Atty. Docket No.

10-05-90

Date of Deposit October 3, 2000

"Express Mail" Label No. EK628671807

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to:

Assistant Commissioner for Patents

Washington, D.C. 20231

Sir:

F. F

Transmitted herewith for filing is the [] patent application, [] design patent application, [X] continuation-in-part patent application of

Inventor(s): JEAN WOLOSZKO, THEODORE C. ORMSBY, JOHN J. QUACKENBUSH, and BRIAN MARTINI

For: APPARATUS FOR TREATMENT OF SPINAL DISORDERS

[X] This application claims priority from each of the following Application Nos./filing dates:

60/224,107 / August 9, 2000 ; PCT/US00/13706 / May 17, 2000 ; 09,316,472 / May 21, 1999 ;

09/295,687 / April 21, 1999; 09/054,323 / April 2, 1998; 09/268,616 / March 15, 9999;

08/990,374 / December 15, 1997; 08/485,219 / June 7, 1995; 09/026,851 / February 20, 1998; 08/690,159 / July 18, 1996.

Enclosed are:

[X] 51 sheet(s) of [] formal [X] informal drawing(s).

[X] An assignment of the invention to ArthroCare Corporation

[X] A [X] signed [] unsigned Declaration & Power of Attorney.

(Col. 1) NO. FILED

-20=

-3=

A [] signed [] unsigned Declaration. []

A Power of Attorney by Assignee.

[X] A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 [X] is enclosed [] was filed in the earliest of the above-identified patent application(s).

Information Disclosure Statement under 37 CFR 1.97.

A petition to extend time to respond in the parent application of this continuation-in-part application.

(Col. 2)

NO. EXTRA

* 46

* 3

[X] The filing fee has been calculated as shown below:

66

6

[] MULTIPLE DEPENDENT CLAIM PRESENTED

OTHER THAN A

\$ 889.00

SMALL ENTITY SMALL ENTITY

RATE	FEE	OR
	\$355	OR
X9=	\$414	OR
X40=	\$120	OR
+130=	\$	OR
TOTAL	\$889	OR

RATE	FEE	
	\$710	
X18=	\$	
X80=	\$	
+260=	\$	
TOTAL	\$	

Please charge Deposit Account No. 50-0359 as follows:

[X] Filing fee

FOR:

TOTAL CLAIMS

INDEP CLAIMS

BASIC FEE

[X] Any additional fees associated with this paper or during the pendency of this application

The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

[] A check for \$ is enclosed. extra copy of this sheet is enclosed. Respectfully submitted, ARTHROCARE CORPORATION

John T. Raffle

Reg. No.: 38,585

ph: (408) 736-0224

^{*} If the difference in Col. 1 is less than zero, enter "0" in Col. 2